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To ensure access to high-quality,
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care to Los Angeles County residents
through direct services at DHS facilities
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community and university partners.



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ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

21 November 19, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

November 19, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF AMENDMENTS TO FOUR AGREEMENTS FOR
RADIATION THERAPY SERVICES
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval of Amendments to extend the terms of four Agreements with various contractors for the continued provision of radiation therapy services for the Department of Health Services.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Director of Health Services (Director), or his designee, to execute Amendments to the Agreements with four Contractors, identified on Attachment A, effective upon Board approval, to extend the Agreement terms effective January 1, 2014 through December 31, 2014, for the continued provision of radiation therapy services for multiple Department of Health Services (DHS or Department) facilities at the same rates of payment, for a total estimated cost of \$1,418,000, with an option to further extend the Agreement term for up to six additional months, on a month-to-month basis.
2. Delegate authority to the Director, or his designee, to execute Amendments to the Agreements to: i) extend the term of the Agreements for up to six months, on a month-to-month basis, at an estimated cost of \$709,000, ii) comply with American Medical Association (AMA) revisions, Medicare and/or Medi-Cal program revisions and reimbursement directives, and iii) incorporate and/or revise certain non-substantive terms and conditions subject to review and approval by County Counsel, with notice to the Chief

Executive Office (CEO) and the Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the first recommendation will allow the Director, or his designee, to execute Amendments, substantially similar to Exhibit I, to the Radiation Therapy Services Agreements to provide uninterrupted radiation therapy services for patient referrals, as necessary, from Harbor-UCLA Medical Center (H-UCLA MC), High Desert Multi-Service Ambulatory Care Center (HD MACC), LAC+USC Medical Center (LAC+USC MC), Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC), Olive View-UCLA Medical Center (OV-UCLA MC) and Rancho Los Amigos National Rehabilitation Center (RLANRC). The current Agreements are slated to expire on December 31, 2013. Additionally, the Amendments also include revised Exhibits and Schedules which are necessary in order to update the Current Procedural Terminology (CPT) Codes for consistency with the AMA revisions that delete obsolete procedures, modify existing procedures and add newly developed procedures.

Radiation therapy services were obtained through an open competitive solicitation process that allows contracting with multiple providers who can provide services that improves geographical access for oncology patient referrals. Contractors provide County-registered and referred oncology patients with access to radiation therapy services that includes intensity modulated radiotherapy plans (IMRT), treatment delivery sessions, 3-D treatment plans, computed tomography (CT), follow up visits and additional as-needed support for the DHS facilities to reduce patient backlogs.

The extension of the current Agreements is necessary to allow the additional time necessary to develop a solicitation and complete a new open competitive solicitation process to identify and recommend qualified contractors to the Board for successor contracts.

Approval of the second recommendation will authorize the Director to execute Amendments that will incorporate and/or revise non-substantive terms, conditions and Board required provisions, further extend the Agreement terms for up to a maximum of six months through June 30, 2015; and implement revised program and reimbursement directives that may be issued by AMA, Medicare and/or Medi-Cal.

Implementation of Strategic Plan Goals

The recommended action supports Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total estimated cost for the extension period of January 1, 2014 through December 31, 2014 is \$1,418,000. If exercised, the estimated cost for the optional month-to-month extension, to a maximum of six (6) months effective January 1, 2015 through June 30, 2015 is \$709,000. Attachment A provides a breakdown of the estimated costs for services provided by each Contractor. Funding for these services is included in the Fiscal Year 2013-14 Final Budget and will be requested in future years, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Board approved Agreements on June 5, 2007 with four Contractors, Santa Clarita Radiotherapy

Medical Group, St. Francis Medical Center, St. Vincent Medical Center and South Bay Cancer Center, LLC; selected through a solicitation process to provide temporary, as-needed radiation therapy services for patients referred by various DHS facilities. The Board also delegated authority to the Director to execute Agreements with other qualified and interested vendors who meet the DHS certification criteria and accept the County rates of payment for these services.

DHS exercised its delegated authority in 2008 to add Valley Radiotherapy Associates Medical Group, Inc., an agency that expanded the geographical access for patient referrals in the areas of the San Fernando Valley and Santa Clarita Valley.

On June 6, 2012, the Board approved Amendments to the contracts with the current contractors extending the contract terms July 1, 2012 through June 30, 2013 with additional delegated authority to extend the terms, month-to-month up to a maximum of six (6) months to allow the Department the additional time necessary to develop a solicitation for successor agreements. However, due to substantial turnover of staff, and an increased workload due to the changes associated with the implementation of the Affordable Care Act, the solicitation process has been delayed.

In March 2013, the DHS contract with Santa Clarita Radiotherapy Medical Group was discontinued because the agency was purchased by another private company.

The radiation therapy services Agreements are exempt from Proposition A contracting guidelines because the services are intermittent and as-needed and therefore are not subject to the Living Wage Program.

The termination provisions of each Agreement allow for termination with or without cause with a 30-day advance written notice by either party.

County Counsel has approved Exhibit I as to form.

CONTRACTING PROCESS

The current Agreements with radiation therapy providers were executed as a result of a Request for Proposal (RFP) solicitation that was released to the private sector to identify interested and qualified contractors to provide these contract services.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will ensure the continued provision of critically needed radiation therapy patient services referred by DHS facilities.

The Honorable Board of Supervisors

11/19/2013

Page 4

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

Director

MHK:ms

Enclosures

c: Chief Executive Office
County Counsel
Executive Officer, Board of Supervisors

RADIATION THERAPY SERVICE AGREEMENTS

SUMMARY OF FISCAL IMPACT/FINANCING

<u>Contractor</u>	<u>Date of Board Approval 01/01/2014 to 12/31/14</u>	<u>Optional Six Months 01/01/15 to 06/30/15</u>	<u>Total Contract Sum 01/01/14 to 06/30/15</u>
South Bay Cancer Center	\$261,000	\$130,500	\$391,500
St. Francis Medical Center	\$283,000	\$141,500	\$424,500
St. Vincent Medical Center	\$105,000	\$52,500	\$157,500
Valley Radiotherapy Associates Medical Group, Inc.	\$769,000	\$384,500	\$1,153,500
<hr/>			
Total	\$1,418,000	\$709,000	\$2,127,000

- A. The term of this Agreement shall be effective July 1, 2007 and shall continue in full force and effect to and including December 31, 2014, unless terminated sooner pursuant to the terms of this Agreement.
- B. The term of this Agreement may be extended by Director of Health Services, or his designee, beyond the stated expiration date of December 31, 2014, on a month-to-month basis, for a period of time not to exceed six (6) months, subject to the availability of federal, State, or County funding sources, and contingent upon the execution of a written Amendment to this Agreement by both parties. If such funding is not forthcoming, this Agreement shall terminate December 31, 2014.
- C. This Agreement may be canceled or terminated at any time by the County, with or without cause, upon the giving of at least thirty (30) calendar days advance written notice thereof to the Contractor.
- D. Notwithstanding any other provisions of this Paragraph, the failure of Contractor or its officers, employees, agents, or subcontractors, to comply with any of the terms of this Agreement shall constitute a material breach of this Agreement and the County may terminate this Agreement immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right or any other termination rights exercisable by County hereunder.
- E. The County maintains databases that track/monitor Contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise an Agreement term extension option.
- F. The Contractor shall notify DHS when this Agreement is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, the Contractor shall send written notification to DHS at the address herein provided in the NOTICES Paragraph of this Agreement."

3. Exhibit A, STATEMENT OF WORK, Schedule 1, FLAT RATE PER CASE, of the Agreement, shall be deleted in its entirety and replaced with Schedule 1-A, FLAT RATE PER CASE, attached hereto and incorporated herein by reference. All references to Exhibit A, Schedule 1 in the Agreement shall hereafter be replaced by Exhibit A, Schedule 1-A.

4. Exhibit A STATEMENT OF WORK, Schedule 2, PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES), of the Agreement, shall be deleted in its entirety and replaced with Schedule 2-A, PER TREATMENT/PROCEDURE RATES (MEDI-CAL RATES), attached hereto and incorporated herein by reference. All references to Exhibit A, Schedule 2 in the Agreement shall hereafter be replaced by Exhibit A, Schedule 2-A.

5. Exhibit B, COUNTY MEDICAL FACILITIES, of the Agreement, shall be deleted in its entirety and replaced with Exhibit B-1, COUNTY MEDICAL FACILITIES, attached hereto and incorporated herein by reference. All references to Exhibit B in the Agreement shall hereafter be replaced by Exhibit B-1.

6. Exhibit C, CONTRACTOR'S PRACTICE LOCATION(S) AND CONTACT PERSON(S), of the Agreement, shall be deleted in its entirety and replaced with Exhibit C-1, CONTRACTOR'S PRACTICE LOCATION(S) AND CONTRACT LIAISONS, attached hereto and incorporated herein by reference. All references to Exhibit C in the Agreement shall hereafter be replaced by Exhibit C-1.

7. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its,

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Director of Health Services, and Contractor have caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month and year first above written.

COUNTY OF LOS ANGELES

By _____
Mitchell H. Katz, M.D.
Director of Health Services

ST. FRANCIS MEDICAL CENTER
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM:
BY THE OFFICE OF THE COUNTY COUNSEL

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 1-A
FLAT RATE PER CASE

<u>Type of Service</u>	<u>Maximum Rate of Payment</u>
All Radiation Therapy Services*	\$4,250 per case for County-responsible patients**

* A full range of associated services are included in the Flat Rate Per Case, including, but not limited to, consultations, planning, physics, simulations, blocks/wedges, casts, laboratory and x-rays.

** Contractor shall bill the third-party payer for services rendered to patients covered by Medi-Cal or other third-party payer insurance.

Note: Intensified Modulated Radiation Therapy (IMRT) will be used in all cases where clinically indicated, i.e., prostate cancer, at the same per case rate.

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Complex Definitive (7-8 weeks therapy)</u>	77778	\$183.05
Primary Full Breast		
Prostate (Standard-4 field)		
Larynx (b.i.d. Treatment)		
Primary Head & Neck		
Multi-fractioned Head & Neck		
Rectum/Anus with or without surgical excision		
Esophageal-Definitive w/Biopsy only		
Sarcomas-extremities		
Gallbladder		
Bladder		
Pituitary		
Brain Tumors		
Nasopharyngeal Carcinoma		
Pancreas-long course		
Single or Multi-fractioned lung		
Advanced Chest Wall Recurrence - Breast		
Definitive GYN Cancers (w/Boosts, Para-Aortic Treatment)		
(Cervix, vulva, vaginal, tubal)		
Craniospinal Irradiation		
Post-op Endometrium with Para-Aortic Lymph Nodes		
Post-op Cervix with Para-Aortic Lymph Nodes		
Post-op Vagina with Para-Aortic Lymph Nodes		
Post-op Vulva with Para-Aortic Lymph Nodes		
<u>Definitive (5-6 weeks therapy)</u>	77777	\$163.05
Pre/Post-op breast/adjuvant or recurrent chest wall 2-3 field		
Post-op Esophageal		
Post-op Endometrium		
Mantle only (Hodgkin's) or Consolidated Treatment		
Hodgkin's (multiple sites)		
Non Hodgkin's Lymphoma - Extended Field		
Non Hodgkin's Lymphoma (Head and Neck)		
Kaposi's Sarcoma - Long Course		

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Definitive (5-6 weeks therapy) (Cont'd)</u>	77777	\$163.05
Post-op Colon		
Post-op Prostate		
Recurrent Cervix (curative intense-external only)		
Skin Cancer (4-6 week course)		
Pos-op Head and Neck		
Post-op Cervix CA		
Post-op Vaginal CA		
Post-op Vulva CA		
Definitive Cervix		
Testicular CA - Seminoma/Non-Seminoma		
Pancreas - short course		
Thyroid and Mediastinal Tumors		
<u>Complex Standard</u>	77776	\$146.61
Emergency Palliative (e.g., Spinal Cord)		
Bone Mets (>3 sites treated at the same time)		
Whole Brain C-2		
Skin CA - short course (< 3 weeks)		
Kaposi Sarcoma - AIDS related		
Palliative Lung - short course (3-5 weeks)		
Palliative Pelvis - short course (3-5 weeks)		
Graves Ophthalmopathy		
Orbital Pseudotumor		
Hemi-Body Lower Half		
Limited Field Hodgkin's or No-Hodgkin's		
Consolidative Therapy or Palliative		
<u>Standard</u>	77776	\$130.98
Bone Mets (1-2 Sites treated at the same time)		
Whole Brain		
Hip/Heterotopic Bone-Formation		
Pre-op Rectum		
Pre-op Bladder		
Kaposi Sarcoma - short course (< 1 week)		

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Other (Non-Malignant)</u>	77776	
Pterygium (3 treatments)	372.40	
One area		\$58.35
Two areas		\$116.70
Keloid	701.4	\$71.99
<u>Treatment Planning Ultrasound</u>	76872	\$67.65
<u>Follow-up Visits</u>	99214	\$37.50
All categories include two follow-up visits per year for the first two years (After two years, additional approval required)		
<u>CT Treatment Planning (CPT4)</u>	77301	\$136.22
<u>3-D Conformal Radiation Therapy Treatment Codes</u>		
Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Treatment Planning Complex	77263	\$210.10
CT Simulation Complex	77295	\$811.13
Simulation Complex	77290	\$155.89
Simulation Intermediate	77285	\$127.02
Simulation Simple	77280	\$80.14
Isodose Complex	77315	\$121.13
Special Therapy Port Plan	77321	\$179.20
Special Medical Radiation Physics Consultation	77370	\$95.19
Special Treatment Procedures	77470	\$253.65
x 7 Basic Dosimetry Calculation(s)	77300	\$126.06
x 9 Continuing Medical Physics	77336	\$55.08
x 9 Port Films (Verification)	77417	\$57.30
x 9 Weekly Treatment Management	77427	\$114.37
x 7 Treatment/Immobilization Devices	77334	\$129.80

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>3-D Conformal Radiation Therapy Treatment Codes (Cont'd)</u>		
x 40 Daily Treatment Delivery	77413	\$50.62
	77414	\$58.83
	77416	\$67.04
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20
<u>Intensified Modulated Radiation Therapy (IMRT) Radiation Therapy Treatment Codes</u>		
<u>Pre IMRT Treatment Planning Codes:</u>		
Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Physician Clinical Treatment Planning - Complex	77263	\$210.10
Initial Simulation (position/leveling)	77290	\$155.89
Physics Consultation	77370	\$95.19
Special Treatment Procedure	77470	\$253.65
Ultra Sound Localization (if required)	76950	\$57.57
x 4 or less Immobilization Treatment Devices - Complex	77334	\$129.80
<u>IMRT Dosimetry Treatment Planning Codes:</u>		
IMRT Dosimetry Treatment Plan x one per course	77301	\$1,237.18
x 7 or less Basic Dosimetry Calculation(s)	77300	\$126.06
<u>Post IMRT Planning Treatment Codes:</u>		
Simulation Simple	77280	\$80.14
x 44 or less IMRT Daily Treatment Delivery	77418	\$523.76

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
x 4 or less Treatment Devices per port or fluence diagram – Complex	77334	\$129.80
x 9 or less Continuing Medical Physics	77336	\$55.08
x 9 or less Port Films (verification of iso-center set up every 5 fractions)	77417	\$57.30
x 9 or less Physicians Clinical Treatment Management (per 5 fractions)	77427	\$114.37
Ultra Sound Localization (if needed)	76950	\$57.57
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20

3-D Conformal Radiation Therapy Treatment Codes with IMRT Boost:

Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Treatment Planning Complex	77263	\$210.10
CT Simulation Complex	77295•	\$813.13
Simulation Complex	77290	\$155.89
Simulation Intermediate	77285	\$127.02
Simulation Simple	77280	\$80.14
Isodose Complex	77315	\$121.13
Special Therapy Port Plan	77321	\$179.20
Special Medical Radiation Physics Consult	77370	\$95.19
Special Treatment Procedures	77470	\$253.65
x 7 Basic Dosimetry Calculation(s)	77300	\$126.06
x 9 Continuing Medical Physics	77336	\$55.08
x 9 Port Films (Verification)	77417	\$57.30
x 9 Weekly Treatment Management	77427	\$114.37

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
x 7 Treatment/Immobilization Devices	77334	\$129.80
x 40 Daily Treatment Delivery	77413	\$50.62
	77414	\$58.83
	77416	\$67.04
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20
<u>IMRT Boost CPT Codes:</u>		
x 1 IMRT Dosimetry Treatment Plan	77301	\$1,237.18
x 10 IMRT Daily Treatment Delivery	77418	\$523.76
x 1 Ultra Sound Localization (if needed)	76950	\$57.57
<u>Stereotactic Radiosurgery:</u>		
SRS Complete (1 session)	G0173	\$407.83
Special Dosimetry	77331	\$53.75
Tx Device, Custom Blocking Mask	77334	\$129.80
Tx Device, Additional (x4 of fields)	77334	\$129.80
Basic Dosimetry	77300	\$126.06
Basic Dosimetry, Add (x.W of fields)	77330	\$126.06
Continuing Rad, Physics	77336	\$55.08
Special Physics Consultation	77370	\$95.19
3D Simulation/3d Isodose	77295	\$813.13
Clinical Tx Plan	77263	\$210.10
SRS Tx Mgt	77432	\$284.32
Special Treatment Procedure	77470	\$253.65
Complex Isodose Plan	77315	\$121.13
Application/Removal of Stereotactic Frame	20660	\$126.58
<u>BRACHYTHERAPY</u>		
Prostate HDR:		
3D Simulation	77295	\$813.13
Brachytherapy Isodose Plan: Complex	77328	\$258.12

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
Basic Radiation Dosimetry, Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
U/S Guidance Brachy	76965	\$239.44
Special Physics Consultation	77370	\$95.19
Transperi Needle Place, Prostate	55875	\$627.11
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99

GYN HDR T&O

3D Simulation	77295	\$813.13
Simulation: Complex	77290	\$155.89
Treatment Devices: Simple	77332	\$53.63
Brachytherapy Isodose Plan: Complex	77328	\$258.12
Basic Radiation Dosimetry Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Insert Uteri Tandems/Ovoids	57155	\$321.75
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99
Brachytherapy Isodose Plan: Intermediate	77327	\$177.97

GYN HDR Interstitial

3D Simulation	77295	\$813.13
Brachytherapy Isodose Plan: Complex	77328	\$258.12
Basic Radiation Dosimetry Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Insert Uteri Tandems/Ovoids	57155	\$321.75
Genital Surgery Procedure	58999	\$480.00
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99
Brachytherapy Isodose Plan: Simple	77326	\$120.41

HDR Afterloading Brachy Mammo

Office Consultation	99245	\$102.20
Clinical Treatment Planning	77263	\$210.10
Simulation: Simple	77280	\$80.14
Radiology	77014	\$136.22
3D Simulation	77295	\$813.13

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
Special Treatment Procedure	77470	\$253.65
Basic Radiation Dosimetry Calculation	77300	\$126.06
Place Breast Cath for Rad	19297	\$58.03
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Remote Afterload Brachy: 1-4 Sources	77781	\$654.21
Prostate seed Implant (LDR):		
Office Consultation	99245	\$102.20
Clinical Treatment Planning	77263	\$210.10
Echograp Trans R, Pros Study	76873	\$107.95
Brachytherapy Isodose Plan: Complex	77328	\$258.12

* Proposed rates shall be at the Medi-Cal rates.

Note: IMRT will be used in all cases where clinically indicated, i.e., prostate cancer, at the same treatment rate.

Contractor shall bill the third-party payer for services rendered to patients covered by Medi-Cal or other third-party payer insurance.

In the event that the Medicare or Medi-Cal program, or both, establish revised reimbursement directives, Director of Health Services, or his designee will be authorized to revise the billing procedures to comply with such Medicare or Medi-Cal revisions and directives. In such circumstance, Director shall inform Contractors in writing of the revised billing procedures and the effective date thereof.

EXHIBIT B-1

RADIATION THERAPY SERVICES AGREEMENT

COUNTY MEDICAL FACILITIES

Los Angeles County +USC Medical Center
1200 North State Street
Los Angeles, California 90033

Edward R. Roybal Comp. Health Center
245 S. Fetterly Avenue
Los Angeles, California 90022

Harbor/UCLA Medical Center
1000 West. Carson Street
Torrance, California 90509

El Monte Comp. Health Center
10953 Ramona Blvd.
El Monte, California 91731

Martin Luther King, Jr. MACC
12021 Wilmington Avenue
Los Angeles, California 90059

H. Claude Hudson Comp. Health Center
2829 S. Grand Avenue
Los Angeles, California 90007

Olive View/UCLA Medical Center
14445 Olive View Drive
Sylmar, California 91342

Hubert H. Humphrey Comp. Hlth. Center
5850 S. Main Street
Los Angeles, California 90003

Mid-Valley Comp. Health Center
7515 Van Nuys Blvd.
Van Nuys, California 91405

High Desert MACC
44900 North 60th Street West
Lancaster, California 93536

Long Beach Comp. Health Center
1333 Chestnut Avenue
Long Beach, California 90813

Rancho Los Amigos NRC
7601 E. Imperial Highway
Downey, California 90242

EXHIBIT C-1

RADIATION THERAPY SERVICES AGREEMENT

CONTRACTOR'S PRACTICE LOCATIONS* AND
CONTRACT LIAISONS

St. Francis Medical Center

3630 E. Imperial Highway

Lynwood, California 90262

Attention: Jeffrey Blend, Director

Telephone Number: (310) 900-7323

Facsimile: (310) 900-7324

E-mail Address: jeffblend@dochs.org

*Contractor may add or delete Practice Locations by providing at least thirty (30) days prior written notice to the referring County Facilities.